



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE
July 1, 2000

EFFECTIVE DATE
Immediately

NUMBER
00-00-07

SUBJECT:
**ANNOUNCEMENT – MEDICATIONS
ADMINISTRATION TRAINING**

BY:

A handwritten signature in black ink, appearing to read "Nancy R. Thaler".

Nancy R. Thaler
Deputy Secretary for Mental Retardation

SCOPE:

**Community Home Directors
Adult Training Facility Directors
Non-State Operated Intermediate Care Facilities
for the Mentally Retarded (ICF/MR) Directors**

PURPOSE:

The purpose of this bulletin is to announce the training schedule for the Medication Administration Train the Trainer's Program for Fiscal Year 2000/01.

BACKGROUND:

The Office of Mental Retardation (OMR), in collaboration with the Pennsylvania State Board of Nurses, developed the Medication Administration Training Program. The training program is a two tiered program. Tier one is the training provided for the Staff of Community Facilities which prepares them to be trainers of the approved Medication Administration Training Program. In tier two, these trainers, in turn, teach non-licensed personnel to properly administer oral medications to individuals with mental retardation who receive services in the applicable OMR licensed community settings.

OMR requires staff to complete and pass the Medication Administration course training under the following applicable licensing regulations and policies:

1. 55 PA Code Chapter 6400, Section 6400.168(a), Community Homes for Individuals with Mental Retardation;
2. 55 PA Code Chapter 2380, Section 280.128(a), Adult Training facilities; and

REFER COMMENTS AND QUESTIONS TO: Ms. Barbara Breen, Office of Mental Retardation, Room 423, Health and Welfare Building, Harrisburg, Pennsylvania 17120, Telephone (717) 772-2143

3. Mental Retardation Bulletin 6600-95-01 dated September 5, 1995, "Medications Administration Training for Intermediate Care Facilities for the Mentally Retarded."

Only staff who are employed in one of the licensed programs listed above are eligible to attend the Medication Administration Train the Trainer Course.

Only staff who have successfully completed the Train the Trainer Course are permitted under the authority of DPW/OMR, to train staff who are currently employed in one of the licensed programs identified above.

DISCUSSION:

The focus of the Train the Trainer course is to train trainers who can provide Medication Administration Training to staff in the applicable licensed facilities.

- A. The following prerequisites are necessary to attend the Medications Administration Train the Trainer Course.

Staff must have:

1. Completed and passed the Medication Administration Training Course.
2. *At least six (6) months experience within the last year administering medications; and
3. Been employed with the agency for at least six (6) months.

- B. Successful completion of the Train the Trainers Course includes passing three examinations and a demonstration of knowledge of proper procedures for administering oral medications. Examinations cover training techniques, medication administration and written practicums inclusive of documentation, storage and actual administration.

1. Course participants are expected to have a thorough understanding of material covered in the Medication Administration Manual prior to attending this course.
2. If less than 90 percent is achieved on any test, course attendees may retake the examinations.
*Attendees will sit no more than two (2) times for any single examination during the training session.

*Items with asterisk identify changes

3. If training is not successfully completed, the participant may reapply for a future Train the Trainers Training.
4. Demonstration of knowledge of proper procedures for administering oral medications does not take the place of the requirement for an annual practicum on site for non-licensed personnel who administer medications.
5. Trainers cannot commence training line staff before their agency has received their certificate which takes between 4-6 weeks to arrive following the trainers training.

REGISTRATION:

The Train the Trainer Course is conducted by staff from the Temple University Institute on Disabilities/University Affiliated Programs (UAP).

1. The training dates and sites are specified on Attachment I.
2. Each registrant is required to pay a \$30.00 (**non-refundable**) registration fee. Registration is limited to 25 persons per training session.
3. Staff must complete and forward the attached registration form (Attachment II) to Temple University.
4. Staff may register for only one training session.
5. Participants will receive written notification of acceptance or non-acceptance of training.
6. *Participant must present acceptance notification to Medication Administration instructor on first day of training.
7. Each agency will be limited to three (3) participants per training session.
Note: If the agency wishes to have more than three (3) staff trained as trainers, they should call Lisa Matz at Temple University (215) 204-6569.
8. Any time an agency needs to send someone other than the person registered to a training, Temple University must be given at least four (4) working days notice.
Note: If an agency sends a substitute person to be trained, the agency is responsible for assuring that the training materials sent to the person originally registered are given to the person replacing him/her.
9. All meals, hotel reservations, lodging costs and travel expenses are the responsibility of the participants.

*Items with asterisk identify changes

Items to be brought to Training:

- Confirmation Letter
- Medication Administration Manual and Trainer's Manual
- Agency Policies and Procedures listed on page TM – 4 and TM – 5 need to be inserted into the Medication Administration Manual
- Completed Pretest
- Medication log (MAR) for each person attending

Please send completed registration form, most recent verification form (or nurse's license) and registration fee payable to Temple University to:

Institute on Disabilities/UAP
Temple University
Ritter Annex 423 (004-00)

Attention: Lisa Matz

Telephone: (215) 204-6569

You will receive a confirmation notice.

Attachments

*Items with an asterisk identify changes.

OBSOLETE BULLETIN

Mental Retardation Bulletin 00-99-10 Announcement – Medication Administration Training issued July 1, 1999.

ATTACHMENT I

Fall 2000

| | |
|---------------------------|--|
| August 16 and 17, 2000 | Philadelphia, PA – Temple University Main Campus |
| August 23 and 24, 2000 | Washington, PA – Holiday Inn Meadow Lands |
| September 13 and 14, 2000 | Harrisburg, PA – Comfort Inn |
| September 27 and 28, 2000 | Meadville, PA – Holiday Inn Express |
| October 4 and 5, 2000 | Lancaster, PA – Comfort Inn |
| October 18 and 19, 2000 | Scranton, PA – Radisson Hotel |
| November 1 and 2, 2000 | Mars, PA – Sheraton Inn |
| November 15 and 16, 2000 | Fort Washington, PA – Temple University Fort Washington Graduate & Profession Center |

Spring 2001

| | |
|-------------------------|--|
| January 12 and 13, 2001 | Philadelphia, PA – Temple University Main Campus |
| February 7 and 8, 2001 | Harrisburg, PA – Comfort Inn |
| March 14 and 15, 2001 | Mars, PA – Sheraton |
| April 4 and 5, 2001 | Harrisburg, PA – Comfort Inn |
| April 4 and 5, 2001 | Fort Washington, PA – Temple University Fort Washington Graduate & Professional Center |
| April 25 and 26, 2001 | Washington, PA – Holiday Inn Meadow Lands |
| May 2 and 3, 2001 | Reading, PA – Homewood Suites |
| May 16 and 17, 2001 | Altoona, PA – Ramada Inn |

NOTE: Because we need two weeks to process material, we must have your verification form two weeks before the scheduled training. A new application and verification form must be received at least 4 working days in advances in order for a substitution to take place.

Training will be cancelled if less than ten people are registered for an individual training. Money will be refunded if training is cancelled.

Classes begin at 8:30am and ends at 4:30pm each day.

Applications for spring trainings will not be accepted until after December 15, 2000.

ATTACHMENT II

OFFICE OF MENTAL RETARDATION BULLETIN # 00-97-05
TITLED "ANNOUNCEMENT – MEDICATION ADMINISTRATION TRAINING"

MEDICATIONS ADMINISTRATION TRAINER'S TRAINING
REGISTRATION FORM

Registration Procedures (Please read the following procedures.)

I have attached a copy of the individual's most recent Training Verification Form to this registration form. (If the individual registering is a nurse, please attach a copy of current nursing license to this form.

I have attached a **non-refundable** check made to the **Temple University**, in the amount of \$30.00 to this form.

I understand that this registration will not be processed until the registration form, verification form (or nurse's license) **and** check for \$30.00 are received.

Please print clearly. The name printed here will be used on the certificate. The address must be complete as this is where information packets will be sent.

Employee Name: _____
Training Site: _____ Date: _____
Agency Name: _____
Agency Address: _____
Agency Telephone: _____
Site Address: _____
Site Telephone: _____

Licensing Regulations CH 6400 CH 2380 CH 6600
Under which employee works and will train. (Please check one)

If you are a nurse, please check here. RN LPN

This employee has completed the Medications Administration Course, has had six (6) months experience administering medications in the last year and has been employed by our agency for the last six (6) months.

Name of Supervisor (Printed)

Signature of Supervisor Date

OFFICE OF MENTAL RETARDATION
TRAINER'S MEDICATIONS LIABILITY FORM

Your agency, having made the choice to use trained, non-licensed medical personnel to administer oral prescription medications assumes responsibility for the accurate use of the training information and correct administration of the medication(s). The Department of Public Welfare assumes responsibility for the content of the training module and has had the document reviewed by the Pennsylvania State Board of Nurse Examiners.

If your agency insures usage of the training tool consistent with the instructor's manual and policies and procedures as taught, your exposure to liability will be minimal.

This liability extends only to employees who train within the following licensing regulations, i.e. CH6400, CH2380 and CH6600.

PLEASE COMPLETE THIS FORM CORRECTLY BY TYPING OR PRINTING ALL INFORMATION EXCEPT SIGNATURE. SIGN AND RETURN TO THE OFFICE OF MENTAL RETARDATION, OFFICE OF THE MEDICAL DIRECTOR, ROOM 512, HEALTH AND WELFARE BUILDING, HARRISBURG, PA 17120

AGENCY: _____

ADDRESS: _____

EXECUTIVE DIRECTOR: _____

Please Print and Sign Name Above

DESIGNATED TRAINER: _____

TRAINING SITE-STATE CENTER/LOCATION WHERE TRAINING WAS CONDUCTED

Please List Center/Location Where Trained

DATES WHEN DESIGNATED TRAINER WAS TRAINED AT STATE CENTER/LOCATION

Dates

OFFICE OF MENTAL RETARDATION

MEDICATION ADMINISTRATION MANUAL (MAM) TRAINING

VERIFICATION FORM

This is to verify that the below named individual has completed and passed the medication administration course developed by the Department of Public Welfare/Office of Mental Retardation.

Name: _____

Signature

Please Print

Please (✓) appropriate line: ____ Initial Training
____ Annual Recertification

AGENCY: _____

DATE TRAINING COMPLETED: _____

SITE WHERE PRACTICUM CONDUCTED: _____



| Certified Trainer(s) Name(s) | Date of Trainer's Training | Location of Trainer's Training |
|------------------------------|----------------------------|--------------------------------|
|------------------------------|----------------------------|--------------------------------|

1. _____
Signature

Print

2. _____
Signature

Print

Any non-licensed person (line staff or trainers) administering medicines in a OMR Facility covered by CH6400, CH2380 and CH6600 must complete annual medication administration practicum.

Keep the original on file at the agency

Rev. 5/28/98

MEDICATION ADMINISTRATION TRAIN THE TRAINER PROGRAM

LIABILITY FORM FACT SHEET

- The liability form **must be signed** by the executive director
- Once signed by the executive director, the **original form** must be sent to the address listed on the liability form.
- Maintain a **copy** of the signed liability form for agency files.
- The trainer's certificate will be sent from the Department of Public Welfare (DPW)/Office of Mental Retardation (OMR) in Harrisburg when the original signed liability form is received.

Note: The trainer **cannot** begin training staff until the agency receives their certificate which will take 4-6 weeks. The agency should provide a copy of the certificate for the trainer to maintain at the worksite.

- An **original copy** of the liability form for an individual trainer needs to be **on file** with DPW/OMR in the following situations:
 1. When the individual initially completes the Train the Trainer's training.
 2. For **every agency** in which the individual **trainer is doing Medication Administration Manual (MAM) training**. There must be a liability form signed by the executive director of each agency. Each executive director is assuming liability for the trainer who in turn trains the unlicensed personnel in their agency to administer oral medications.
 3. When the trainer changes employment.
 4. When an agency merges with another agency

REMEMBER THIS FORM IS NOT TRANSFERABLE BETWEEN AGENCIES

NOTE: As stated within the Medication Administration Manual, trainer's section, medication Administration trainers are to:

1. Be familiar with the medication policies, procedures and forms of the agencies where the trainee(s) will be working and incorporate them into the Medication Administration Manual (MAM).
2. Have a thorough knowledge of the Commonwealth's applicable regulations, i.e. CH6400, CH2380 and CH6600, for community agencies licensed by the Office of Mental Retardation (OMR) who are eligible for the medication training program.
3. Complete practicums at the employee's work site (assigned residential or ATF setting).

Revised 7/1/98

ATTENTION ALL DIRECTORS
OMR BULLETIN ANNOUNCEMENT
MEDICATION ADMINISTRATION TRAINING
FY 2000/01

INCLUDES REVISED LIABILITY FORM

PLEASE MAINTAIN A COPY
AND THEN
FORWARD A COPY TO ANY PERSONNEL
RESPONSIBLE FOR SCHEDULING
STAFF FOR MEDICATION ADMINISTRATION
“TRAIN THE TRAINER” TRAINING
AND ALL AGENCY MEDICATION TRAINERS

PLEASE DESTROY ALL OLD FORMS